

Registration District No. **25-1**

Primary Registration District No. **3553**

**1. PLACE OF DEATH:**

(a) County Nodaway  
(b) City or town Rural Polk Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
in this community \_\_\_\_\_ years, months or days) 24 weeks

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Nodaway 74  
(c) City or town Burlington Junction  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Elizabeth Shipley

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Abraham Shipley 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Jan. 23 1870  
(Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 0 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Spencer Ind.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Carter

13. Birthplace Unknown Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Wendy Ann Criss

15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs James Ruckleberry

(b) Address Maryville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 25, 1944  
(Month) (Day) (Year)

(c) Place: burial or cremation Burlington Junction, Mo.

18. (a) Signature of funeral director Stanley Swanson

(b) Address Hopkins, Mo.

19. (a) 9-27-44 (Date received local registrar) (b) Ursula Barber (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept. day 23  
year 1944 hour 12 minute 20 P. M.

21. I hereby certify that I attended the deceased from Aug 28 1944 to Sept 23 1944  
that I last saw her alive on Sept 23 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Attack  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Tom Chase (M. D. or other) DO

Address Maryville, Mo. Date signed Sept 27/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision *myself*

Signed *Stanley Severson*

Licensed Embalmer No. *3963*

P. O. Address *Holbrook, Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**